

Form Number 2

STATE OF INDIANA) IN THE _____ SUPERIOR/CIRCUIT COURT
) SS:
COUNTY OF _____) CASE NO. _____
IN RE THE _____ OF: _____

Petitioner,

and

Respondent.

**VERIFIED PETITION TO REDUCE CHILD SUPPORT
DUE TO EMANCIPATION OF MINOR CHILD(REN)**

Comes now _____, pro se, and hereby files a Verified Petition to Reduce Child Support Due to Emancipation of Minor Child(ren), and states as follows:

1. That parties have _____ minor child (ren), namely:

NAME

DATE OF BIRTH

_____	_____
_____	_____
_____	_____

2. On _____, this Court ordered that _____ pay child support to _____ in the weekly amount of \$ _____ for the above named child(ren) effective on _____.

3. The following child(ren) is/are emancipated: _____

4. The reason that my child(ren) is/are emancipated is as follows:

☐ The child has turned twenty-one (21) years of age. _____

☐ The child is at least eighteen (18) years of age; the child has not attended secondary or post-secondary school for the past four (4) months and is not enrolled in a secondary or post-secondary school; and the child is or is capable of supporting himself/herself through employment. _____

☐ The child has joined the United States armed services. _____

☐ The child has married. _____

☐ The child is not under the care or control of either parent or an individual or agency approved by the court. _____

5. The date upon which my child(ren) became emancipated was _____

54 6. My child support obligation should be reduced because of the emancipation of my
55 child(ren) _____.

56
57 7. The reduction of my support obligation should be retroactive to the date(s) stated in
58 Paragraph 5 above.

59
60 8. I therefore ask the Court to set this matter for a hearing to determine if my child support
61 payment should be reduced.

62
63 WHEREFORE, _____ requests that this Court set this matter for hearing for the
64 purpose of declaring my child(ren) emancipated, reducing my child support obligation, and order
65 all other further relief that is just and proper in the premises.

66
67 I affirm under the penalties of perjury that the foregoing representations are true.
68

69 _____
70 Signature

71 _____
72 Print your name

73 _____
74 Mailing address

75 _____
76 Town, State and Zip Code

77 _____
78 Telephone number, with area code
79

80
81 CERTIFICATE OF SERVICE
82

83 I hereby certify that I sent a copy of this Petition by first class mail to the opposing attorney, or the
84 opposing party if the opposing party is not represented by an attorney, on _____.

85
86 _____
87 Signature

88 _____
89 Print your name
90